

PTO/SB/21 (09-04)

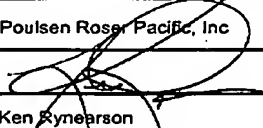
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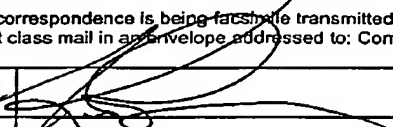
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| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | Application Number | 10/812,761 | RECEIVED CENTRAL FAX CENTER OCT 22 2004 |
| | Filing Date | 03/29/2004 | |
| | First Named Inventor | Mogens N. Olesen | |
| | Art Unit | 1661 | |
| | Examiner Name | Kent Bell | |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | Poulcs016 |

| ENCLOSURES (Check all that apply) | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): SB 96 - Statement under 37CFR 3.73B |
| Remarks USPTO Centralized Fax 703 872 9306 Courtesy copy to: Kent Bell 571 273 0973 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
|--|---|----------|
| Firm Name | Poulsen Rorer Pacific, Inc | |
| Signature |  | |
| Printed name | Ken Ryhearnson | |
| Date | 22 October 2004 | Reg. No. |

| CERTIFICATE OF TRANSMISSION/MAILING | |
|---|---|
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| Signature |  |
| Typed or printed name | Ken Ryhearnson |
| Date | 22 October 2004 |

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Poulsen Roser A/SApplication No./Patent No.: 10/812,761Filed/Issue Date: 03/29/2004Entitled: Rose Plant Named 'Poulcs016'Poulsen Roser A/S

(Name of Assignee)

a Corporation

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 015173, Frame 0004, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

(NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See

NOTICE: Ken Ryneerson and Deniese Dahl are authorized to act on behalf of the Assignee, Poulsen Roser A/S, with regards to patent matters.

Signature

21 October 2004

Date

Mogens N. Olesen

541 245 8050

Printed or Typed Name

Telephone Number

Managing Director

Title

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